## **Venipuncture Verification Form**

**Instructions:** The applicant for EMT-II certification should complete all blocks in section A. Each line in Section B should be completed by the individual who witnessed the venipuncture. The witness must be an individual certified at the EMT-II level, or above, who is certified or licensed to perform venipunctures. The applicant must have completed the 10 required venipunctures, eight of which must have been with catheter covered needles, within 30 days after completion of the EMT-II course. A copy of the completed form must be returned to the Section of Community Health and EMS, Box 110616, Juneau, AK 99811-0616 and a second copy should be retained by the applicant for EMT-II certification. **Applicants who do not complete the required 10 venipunctures within the 30 days following successful course completion will not be eligible for EMT-II certification.** 

		Section A, A <sub>1</sub>	pplicant Information	on		
Name of Applicant:			Alaska EMT-I Certification Number:			
Mailing Address:			Name of EMT-II Course Instructor & Course Number:			
Name of Sponsoring Physician:			EMT-II Course Completion Date:			
		Section B, Ven	ipuncture Informa	tion		
Date:	Witness' Signature & Level of Training	Catheter Covered Needle	Other Type of Needle (Specify)	Venipuncture Site	Name of Recipient	